



Deidre S Gifford, MD, MPH, Commissioner

Effective Date: April 1, 2020  
Contact: See below

**TO: CT Home Care Program for Elders (CHCPE), Acquired Brain Injury (ABI), Personal Care Assistance (PCA), Mental Health Waiver (MHW) Service Providers, Community First Choice and Access Agencies**

**RE: CMAP COVID-19 Response – Bulletin 22: Meals on Wheels Changes**

As an interim measure in response to the Governor’s recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is:

- Adding Meals on Wheels as a covered service under the Personal Care Assistance (PCA) home and community-based waiver;
- Adding new procedure codes for the delivery of shelf stable meals under the PCA, Acquired Brain Injury (ABI), Connecticut Home Care Program for Elders (CHC), Mental Health (MH) waivers and Community First Choice; and
- Temporarily suspending the provider enrollment requirements that are detailed below.

**Provider Enrollment – PCA Waiver Service Providers – Meals on Wheels:**

PCA Waiver Service Providers that are not currently enrolled must enroll as billing providers to obtain reimbursement from DSS for providing meals on wheels. See below for instructions on enrollment.

If you are a currently enrolled provider, no changes are required.

**Provider Enrollment – PCA, ABI, CHC, MH Waiver Service Providers – Shelf Stable Meals:**

- Service providers listed above that are not currently enrolled to provide either regular or shelf stable meals must enroll as billing providers under one or more of the following provider types to obtain reimbursement from DSS for these services:
  - PCA Waiver Service Provider
  - ABI Waiver Service Provider
  - CHC Waiver Service Provider
  - Mental Health Waiver Service Provider

If a service provider plans to provide shelf stable meals for more than one waiver, the provider must submit an enrollment application for each applicable provider type listed above.

If a service provider is currently enrolled as a provider the waiver for which it will provide shelf stable meals, no further enrollment action is required.

**Provider Enrollment – All Waiver Providers:**

All providers referenced above are regarded as “atypical”, meaning that they provide non-medical services and are not required to bill using a National Provider Identifier (NPI) and taxonomy.

Providers that are identified above as being required to enroll are encouraged to do so as quickly as possible.

To enroll, providers must go to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site and select “Provider” from the home page and then “Provider Enrollment” from the drop down menu to access the enrollment wizard. Providers are encouraged to read all instructions prior to proceeding with the online enrollment process. Providers should gather all data required prior to beginning the enrollment process, as an incomplete application cannot be saved. In addition, please note that an application that remains idle for more than 20 minutes will disconnect the provider from the enrollment wizard.

Once the online application is submitted, providers should take note of the Application Tracking Number (ATN) that is provided. The ATN will allow providers to track the status of their enrollment application by going to the [www.ctdssmap.com](http://www.ctdssmap.com) Web site, selecting “Provider” and then “Provider Enrollment Tracking” from the drop down menu.

#### **Provider Credentialing – PCA Waiver Service Providers:**

Allied Community Services is responsible for credentialing all PCA waiver service providers. Once Allied has supplied a provider with its credentialing letter, the provider must submit that credentialing letter to DXC Technology, along with their ATN, before the application can be submitted to DSS’ Quality Assurance Unit for approval. A credentialing letter from the provider’s most recent enrollment or re-enrollment will meet this requirement. This letter should be faxed to 1-877-899-5401.

#### **Provider Credentialing -- New Waiver Service Providers:**

All other waiver service providers that are enrolling to provide regular or shelf stable meals are asked to disregard the information that is presented/required at the completion of the enrollment application as a follow-on document. Instead, newly enrolling providers are required to submit a letter, along with their ATN, to DXC Technology via fax to 1-877-899-8401 stating that the provider is enrolling

for the purpose of providing meals during the COVID public health emergency. This must be completed before the application can be submitted to DSS’ Quality Assurance Unit for approval.

#### **Post Enrollment Activities:**

Successfully enrolled providers will receive both a Welcome and a PIN letter that will allow them to set up their Secure Web Account. The setup of a secure Web account allows the provider access to multiple on-line functionalities to support successful claim submission.

PLEASE NOTE: Changes cannot be made via the Web portal once an enrollment application is submitted. Any needed changes must be submitted on paper to the DXC Technology Provider Enrollment Unit. These changes may be faxed to 1-877-899-5401. The ATN that is associated with the online application should be included on all additional documentation submitted to expedite the re-enrollment process.

#### **Provider Enrollment - Meals under Community First Choice:**

New Community First Choice service providers that intend to provide either regular or shelf stable meals, or both, are required to enroll directly with Allied Community Resources. CFC Providers must also bill meals directly to Allied Community Resources.

#### **Procedures for Delivery Persons:**

DSS is aware of concerns expressed by the providers about the current requirement that the meal be accepted in person by the client or their designated representative. For the duration of the emergency, we recommend the following procedures to address those concerns:

1. Call client to let them know you are coming to drop off food. Advise that you will place on doorstep/porch/elevated table or chair and ring doorbell. (If there is something elevated (door handle, table,

chair), place meal on it as it is difficult for some clients to bend down.) Even if the client does not answer your phone call, follow the steps outlined in #2.

2. Place meal on doorstep/porch/door handle/elevated table or chair and ring doorbell or knock loudly.
3. Step back at least 6 feet. You can return to your vehicle only if you can clearly see the door.
4. Wait for client to come to the door. You MUST have a visual on the client to make sure that he or she is home.
5. Once client comes to the door and gets the meal, you may leave.
6. If the client does not come to door within 3 minutes, call client again. If client does not answer, call the meal provider's office to report no answer from the client. The office will attempt to contact client while you are on hold.
7. If no contact can be made with client, and the office says to move on to next stop, go back to the doorstep/porch and take meals back from the doorstep/porch. Meals cannot be left unless the client has come out to pick them up, as there is risk of theft or food spoilage.
8. Meals that are taken back must be returned to the cooler/heater bags as provided by the meal provider for the remainder of the route.
9. Any meals that are not delivered each day must be returned to the meal provider at the end of the route.

**Meals on Wheels Procedure Codes Added to the PCA Waiver effective March 16, 2020:**

- 1218Z Meal Service Single
- 1220Z Meal Service Double
- 1221Z Kosher meal Double

**New Procedure Codes for Shelf Stable Meals under CHC, PCA, ABI & MH Waivers and for Community First Choice effective April 1, 2020:**

- S5170 Home Delivered Prepared Meal (Single meal Shelf Stable) - \$6.50
- 1931Z - Home Delivered Prepared Meals- Double Meal (Shelf Stable) - \$13.50

Enrolled providers may start billing these procedure codes once their enrollment is approved. Services to waiver participants must be prior authorized in the care plan portal. Providers may view care plans by signing into their secure Web portal account at [www.ctdssmap.com](http://www.ctdssmap.com), from the home page, click on "Prior Authorization" and then select "Care Plan" from the drop down menu. For those members who receive Community First Choice services and are not covered under a waiver, the service must be authorized and approved within the service plan.

**Posting Instructions:**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:**

DSS, Division of Health Services, Community Options Unit, Kathy Bruni, Director at 860-424-5177 or [Kathy.A.Bruni@ct.gov](mailto:Kathy.A.Bruni@ct.gov) or Dawn Lambert, Co-Leader at 860-424-4897 or [dawn.lambert@ct.gov](mailto:dawn.lambert@ct.gov)

**Date Issued:** April 2020